

# Outcome Measures Application (OMA)

## Transfers, Disenrollments, and Re-establishments

Transferring, disenrolling, and re-establishing clients in the OMA require only a few simple steps. In order to make a change in the client enrollment status, you must create a **Key Event Change (KEC)**, making changes only in the **Change in Administrative Information** section. The table below provides you with the necessary steps to make a change in the client enrollment status after filling in the Administrative Information with the client's information. Keep in mind that all of these actions require Countywide Authorization before a change can be made.

Action	Steps in Filling Out the KEC, Change in Administrative Information Section
<b>Transferring a Client</b> (Transferring a client from one provider site to another provider site when there is no break in FSP services)	<ol style="list-style-type: none"><li>1. Get <b>Countywide Authorization</b> to transfer and know the date of authorized transfer</li><li>2. Select <b>Standard KEC</b></li><li>3. Enter <b>New Provider Number</b></li><li>4. Enter <b>Date Provider Site ID Change</b> (on or after date of Authorization from Countywide)</li><li>5. Scroll to the bottom of the screen and click on <b>Is Complete</b></li></ol>
<b>Receiving a Client</b> (2 <sup>nd</sup> provider site receiving the client from the transferring agency)	<ol style="list-style-type: none"><li>1. Get <b>Countywide Authorization</b> to transfer and know the date of authorized transfer</li><li>2. Select <b>Standard KEC</b></li><li>3. Enter <b>New Partnership Service Coordinator (Last Name)</b></li><li>4. Enter <b>Date of Partnership Service Coordinator Change</b> (on or after date of Authorization from Countywide)</li><li>5. Scroll to the bottom of the screen and click on <b>Is Complete</b></li></ol>
<b>Discontinuing a Client</b> (Client disenrolling completely from FSP services. Client will not be receiving FSP services anywhere in LA County.)	<ol style="list-style-type: none"><li>1. Get <b>Countywide Authorization</b> to disenroll and know the date of authorized disenrollment (Countywide Signature Date)</li><li>2. Select <b>Discontinuation KEC</b></li><li>3. Enter <b>Date of Partnership Status Change</b> (on or after date of Authorization from Countywide)</li><li>4. Select the <b>Reason</b> for the Discontinuation (should match Reason on disenrollment request)</li><li>5. Scroll to the bottom of the screen and click on <b>Create KEC</b></li></ol>
<b>Re-establishing a Client</b> (Client returning to FSP services within 365 days of disenrollment from FSP services)	<ol style="list-style-type: none"><li>1. Get <b>Countywide Authorization</b> to re-enroll and know the date of authorized re-enrollment</li><li>2. Select <b>Re-establishment KEC</b></li><li>3. Enter <b>Date of Partnership Status Change</b> (on or after date of Authorization from Countywide)</li><li>4. Scroll to the bottom of the screen and click on <b>Create KEC</b></li></ol>




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# KECs Quick View

Los Angeles County Department of Mental Health

## Outcomes Measures Application



**KEC Information**

Select KEC Type

☒ Standard  
☐ Discontinuation  
☐ Re-establishment

Select the appropriate type of KEC to create

**FSP KEC Wizard Select Client**

Search for

0 of 0

Client	Name Last	Name First
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**Standard** - transferring and receiving client  
**Discontinuation** - disenrolling client from FSP completely  
**Re-establishment** - client returning to FSP within 365 days

Los Angeles County Department of Mental Health

## Outcomes Measures Application



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Client Name  Client ID  KEC ID

**Show Key Event Change Demographics**

[ADMIN INFO](#) | [LIVING ARRANGEMENTS](#) | [SOCIAL SUPPORT](#) | [FINANCIAL](#) | [DA / V / EL](#) | [PHYSICAL HEALTH](#) | [CS / PMRT](#) | [LEGAL](#)

**CHANGE IN ADMINISTRATION** SECTION IF THERE ARE NO CHANGES

Assessment Completed By

Assessment Date


**Transfer**  
Only enter into these two highlighted fields!

**KEC STANDARD**

New Provider Number <input type="text"/>	Date Provider Site ID Change <input type="text"/>
New Partnership Service Coordinator (Last Name) <input type="text"/>	Date of Partnership Service Coordinator Change: <input type="text"/>
New Program Name <input type="text"/>	Date of Program Name Change: <input type="text"/>

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# Outcomes Measures Application



[My Assessments](#) | [My Team Assessments](#) | [Client Search](#)

Client Name  Client ID  KEC ID

[Show Key Event Change Demographics](#)

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**CHANGE IN ADMINISTRATIVE INFORMATION (SKIP THIS SECTION IF THERE ARE NO CHANGES)**

Assessment Completed By   
 Assessment Date

**KEC STANDARD**

New Provider Number  Date Provider Site ID Change   
 New Partnership Service Coordinator (Last Name)  Date of Partnership Service Coordinator Change:   
 New Program Name  Date of Program Name Change:

**Receiving**  
Only enter into these two highlighted fields!

**KEC DISCONTINUATION**


New Provider Number  Date Provider Site ID Change   
 New Partnership Service Coordinator (Last Name)  Date of Partnership Service Coordinator Change:   
 New Program Name  Date of Program Name Change:

**Discontinuation**  
Select a reason

Indicate New Partnership Status: ☒ Discontinuation/Interruption of Full Service Partnership and/or community services / program (indicate reason below).  7/4/2014  
☐ Reestablishment of Full Service Partnership and/or community services / program.

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and/or community services / program, indicate the reason (select one):

- ☐ 1. Target population criteria are not met.
- ☐ 2. Client decided to discontinue Full Service Partnership participation after partnership established.
- ☒ 3. Client moved to another county / service area.
- ☐ 4. After repeated attempts to contact client, he/she cannot be located.
- ☐ 5. Community services / program interrupted - Client's circumstances reflect a need for residential / institutional mental health services at this time (such as an Institute).
- ☐ 6. Community services / program interrupted - Client will be placed in juvenile hall / camp / ranch.
- ☐ 7. Community services program / interrupted - Client will be placed in California Youth Authorization / Division of Juvenile Justice.

 Add Key Event Change Administrator Information

Indicate New Partnership Status:

☐ Discontinuation/Interruption of Full Service Partnership and/or community services / program (indicate reason below).

☒ Reestablishment of Full Service Partnership and/or community services / program.

Date of Partnership Status Change:

7/8/2014

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and/or community services / program, indicate the reason (select one):

☐ 1. Target population criteria

☐ 2. Client decided to discontinue

☐ 3. Client moved to another community services / program

☐ 4. After repeated attempts to

☐ 5. Community services / program

☐ 6. Community services / program interrupted - Client will be placed in juvenile hall / camp / ranch.

☐ 7. Community services program / interrupted - Client will be placed in California Youth Authorization / Division of Juvenile Justice.

☐ 8. Client has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.

☐ 9. Client is deceased.

**Re-establishment**  
Fields are pre-populated, click on Create KEC button